



Turkey Point EPZ Special Facility Identification Form

Facility Name: _____

Address: _____

Telephone #: _____

Total Facility Population: _____ (students and faculty combined)

Facility Type: Private School () Licensed Daycare Center ()

Age Grouping: _____ (e.g., Kindergarten thru sixth)

() A. This facility has its own transportation resources or contract with a transportation provider for the evacuation of the facility's population in an emergency.

*If you checked **A** please forward a copy of your facilities plan with this document. The plan should include the information identified in the guidance document and information detailing where persons will be transported, transportation routes, and means for parent notification.

() B. This facility will follow the "early dismissal" or other protective action guidelines determined by the Miami-Dade County Office of Emergency Management.

*If you checked **B** you must remember to include in your plans a means for the safe and efficient release of children to their parents from the school and/or Emergency Reception Center.

Administrator / Owner

Date

PLEASE RETURN FORM TO:

The Miami-Dade County Office of Emergency Management
Attention: REP Coordinator
9300 NW 41 Street
Miami, Florida 33178